

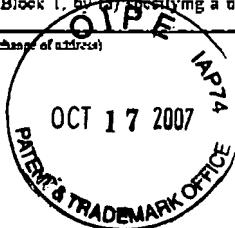
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

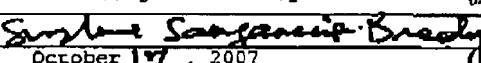
CURRENT CORRESPONDENCE ADDRESS (Note the Block 1 entry above if different)

10174 7590 09/06/2007
AMGEN INC.
 1120 VETERANS BOULEVARD
 SOUTH SAN FRANCISCO, CA 94080



Note: A certificate of mailing can only be used for domestic mailings of the fee(s) transmitted. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (37) 273-2885, on the date indicated below.

Sushma Sanganneria-Brady (Drafter's name)

 October 17, 2007 (Signature)
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,809	07/08/2003	Qi Huoag	A-817	1461

TITLE OF INVENTION: SUBSTITUTED ANTHRANILIC AMIDE DERIVATIVES AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/17/2007
						10/06/2007

EXAMINER ART UNIT CLASS-SUBCLASS
 KOSACK, JOSEPH R 1626 514-310000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47: Rev (3-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph W. Bullock
 2 Ronald S. Hermenau
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If no assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 AMGEN INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 Thousand Oaks, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first supply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 01-0519 (enclose an extra copy of this form).

5. Change to Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(y)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Ronald S. Hermenau

Date October 17, 2007

Typed or printed name Ronald S. Hermenau

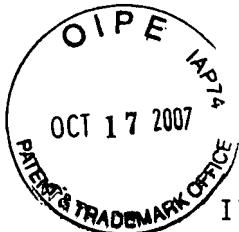
Registration No. 34,620

This collection of information is required by 37 CFR 1.371. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

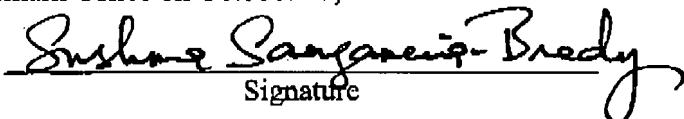
AMGEN

SAN FRANCISCO
1120 VETERANS BLVD.
SOUTH SAN FRANCISCO, CA 94080
650-244-2000
650-837-9422



Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on October 17, 2007



Signature

Sushma Sanganeria-Brady
Typed or printed name of person signing Certificate

In re: application of: Qi Huang et al.

Application No.: 10/615,809

Filed: July 8, 2003

Title: SUBSTITUTED ANTHRANILIC AMIDE DERIVATIVES AND METHODS OF USE

Being faxed to USPTO, Mail Stop Issue Fee at facsimile number
1-571-273-2885 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page); and
2. PTOL-85 Part B – Fee(s) Transmittal (1 page submitted in duplicate);

Number of pages being transmitted: 3